UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity as President of the United States of America, et al.,

Defendants.

NO.

DECLARATION OF PHYSICIAN PLAINTIFF 1

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I, Physician Plaintiff 1, declare as follows:

1. I am a Plaintiff in this action. I bring my claims on behalf of myself and my patients. I offer this declaration in support of Plaintiffs' Motion for a Temporary Restraining Order. I have personal knowledge of the facts set forth in this declaration and could testify competently to those facts if called as a witness.

2. I am an Assistant Professor in the Department of Pediatrics at the University of Washington (UW). I am board-certified in Pediatrics and Adolescent Medicine with the American Board of Pediatrics. I am an attending physician at a Seattle hospital. I practice medicine in a clinic where I provide gender-affirming medical care to transgender and gender-diverse adolescent patients.

3. I have a Doctor of Medicine degree, and a Bachelor of Science degree. I am licensed to practice medicine in the State of Washington. I have authored more than a dozen peer-reviewed publications. I also serve a peer reviewer for several medical journals.

4. Through my training and practice, I am deeply familiar with the prevailing medical standards and protocols for gender-affirming medical care, including the standards promulgated by the World Professional Association for Transgender Health (WPATH). Over the course of my career, I have treated hundreds of adolescent patients for gender dysphoria and, where medically appropriate, provided them gender-affirming medical care.

5. As discussed more below, I am filing this declaration under pseudonym out of concern for my own safety, the safety of my family, the safety of my colleagues, and the safety of my patients.

6. In my clinical practice, I provide gender affirming medical care for adolescents alongside other clinicians. All physicians in the clinic where I practice are UW School of Medicine pediatric faculty physicians. I am proud to treat approximately 100 young people each year.

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7. Gender-affirming care generally refers to health care services that support a person in living in alignment with their gender identity. Gender-affirming care is a supportive form of health care that consists of an array of services that may include social support, mental-health, medical, surgical, and non-medical services. Gender-affirming care is patient-centered and aims to help individuals align their outward, physical appearance with their gender identity. A robust body of research demonstrates that for transgender and gender diverse adolescents who desire it, gender-affirming care can improve their mental health and overall well-being.

8. In my current practice, adolescent patients interested in initiating gender affirming medical care complete a comprehensive mental health assessment with a mental health clinician before completing a medical visit with me. These assessments occur in addition to any community-based mental health care services they may be already receiving. These visits are lengthy, lasting between 60 and 90 minutes each. The mental health assessment includes both the adolescent patient and their parent or caregiver. It is critical that adolescent patients and their parents or caregivers be on the same page about the goals of treatment. During those sessions, a lot of time is spent discussing goals, options, and decisions related to gender-affirming care. The mental health clinician will also discuss gender dysphoria and determine whether the patient meets the criteria for this diagnosis.

9. Gender dysphoria is clinically significant, prolonged distress experienced by a person when their sex or gender assigned at birth is not the same as their identity. For adolescent patients, this distress may worsen with the onset of puberty and development of secondary sex characteristics. Such distress can result in a patient becoming withdrawn, socially isolated, depressed, anxious, engaging in self-harm behaviors, or suicidal.

10. If a patient meets criteria for gender dysphoria, the mental health clinician will create a plan with the patient and their parent for next steps. This may include scheduling more visits with a mental health provider, connecting the patient and their parent to other supportive resources in the community, identifying non-medical supports that assist the patient in aligning

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their appearance and identity, or, if appropriate, scheduling the patient for gender-affirming medical care services.

11. I only see adolescent patients after both the patient and their parent or caregiver with medical decision-making authority have agreed that proceeding with a visit to discuss gender-affirming medical care is the best option for them, and after the mental health assessment process is complete.

12. At the first appointment with a new patient, which is generally an hour long, I go back over the information covered in the mental health assessment. In particular, I want to understand what kind of support structure the patient has in place. I also want to know how long the young person has been experiencing distress so that I can independently confirm a diagnosis of gender dysphoria. I want to know if, and when, the patient began a social transition. This may include if the patient started to ask others to refer to them using a different name or pronouns, and/or began to change aspects of their appearance such as haircuts or wearing different clothing. I also take a full social history to get a clear picture of the patient's family-life, school-life, and peer relationships. I then discuss and clarify the patient's goals of medical treatment. It's important to me to ensure the young person be very explicit about the changes they want to see in their body, so that I can offer treatment options that are individualized to them. I also conduct a physical exam of the patient and order blood work.

13. I have been trained to explain medical options to minor patients in a developmentally appropriate way. This includes being able to describe potential changes to a young person's body as a result of gender-affirming care, talking about timeframes, and describing potential side effects and any other risks. We provide written materials and informational videos that use lay-person language so that patients and their families can consider their options at their own pace. Patients and parents often have questions, and a major part of my job is to listen to their questions, understand their goals, identify any concerns, and create a treatment plan that truly fits my individual patient.

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14. If both the patient and the parent or caregiver with medical decision-making authority express a desire to proceed with gender-affirming medical care, and it is medically indicated and consistent with the standards of care, then we proceed with treatment. Gender-affirming medical care can include taking puberty-delaying medications (also known as "puberty blockers") and gender-affirming hormones, such as testosterone or estradiol (estrogen). I prescribe both puberty delaying-medications and gender-affirming hormones.

15. I spend a significant amount of time with my patients and their families discussing the medication treatment options and explaining their recognized risks, complications, and anticipated benefits involved, as well as recognized possible alternative forms of treatment, including nontreatment. As with any medication, there are risks and benefits that minor patients and parents with medical decision-making authority need to fully understand. I require both assent from a minor patient and consent from a parent or guardian with medical decision-making authority before treating minors with any puberty-delaying medications or gender-affirming hormones. This process ensures that both the minor patient and their parents fully understand the risks and benefits of the course of treatment and the family is aligned in decision-making regarding initiating gender affirming medical care. Family support has been associated with positive patient outcomes in transgender and gender diverse adolescents.

16. After a patient begins gender-affirming hormones or puberty-delaying medications, they have frequent follow-up visits, generally every three months. These visits are 30 minutes long. During these visits, I ask the patient a series of questions about their physical and mental health, and their social support. I discuss how the patient is feeling about any changes they have begun to see to their body and determine whether the medication I prescribed remains consistent with their goals. I also often hear from the parent or caregiver about their perception of how the adolescent is doing. Following this assessment, I discuss a plan of care with the patient that may include modifications to their medication dosage. In the case of gender-affirming hormones for minors, the pace is intentionally slow as we are trying to mimic pubertal

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development that is concordant with their peers. So, it often takes several months before the patient begins noticing physical changes form gender-affirming hormones.

17. Over the course of these visits, I generally observe that patients begin to feel more confident and comfortable as their bodies begin to change to more closely align with their gender identity. Their mental health begins to improve, and they are often less depressed and less anxious. This, in turn, allows many to become more engaged in school and with their friends and family.

18. When they present to care, many of my patients are struggling with mental health concerns from untreated gender dysphoria, including depression, anxiety, and suicidal ideation. For these patients, the medical treatments that we provide them are life changing, and for some, the medical care we provide is lifesaving.

19. Because we have a lengthy, personal relationship as clinician and patient, I often have a unique window into my patients' lives. I learn about their successes in school and activities they engage in as they grow more comfortable engaging in the world as themselves. The same is true of their parents—I may learn about their jobs, and how long they have been living in Washington. Because the very goals of gender-affirming care are to support patients in thriving in all aspects of their lives, I get to know my patients and their families quite well during my course of treating them. One of the best parts of my job is to get to know the whole family, and to watch them grow together across their child's health care journey. It is very meaningful to see the joy that parents experience in seeing their child happy, as well as the joy of adolescents when they realize their parents will support them in being themselves.

20. One of my patients, who was depressed, anxious, and was restricting his food intake to make his body appear more masculine when I first met him is now, after receiving Testosterone for two years, an active member of his school marching band and was recently accepted to nursing school. Another patient who was experiencing so much discomfort with her voice that she would barely speak in her first visit, after receiving Estradiol is now four years

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later, a confident young woman attending college in Washington. Another who was experiencing frequent suicidal ideation prior to receiving puberty delaying medications and Testosterone, is now the president of his high school class.

21. I also often see a similar evolution in the parents of the patients I treat. When I first meet with parents, some of them are struggling too. They discuss their own anxieties and describe how hard it is to see their child in distress. Many are worried about discrimination and social stigma that their child is facing or will face. Others are worried that family and friend groups may not be supportive of their child's gender identity. Others are scared that their child will harm or kill themselves. For parents who love their children, these possibilities are terrifying, which I see first-hand. But as their child begins to become more confident and comfortable in their own body over the course of treatment, the disposition of the parents generally improves too. Parents report feeling an overwhelming sense of relief as their child's mental and physical health improves. One parent, who when I first met her was struggling to understand her child's gender identity and use his name and pronouns, is now two years later his fiercest advocate. She left her job as an educator in a private school that was lacking gender-affirming policies so that her child could go to school and she could work in a more affirming environment.

22. The relationships that I have with my patients and their families are close. As I explained above, for patients for whom I am prescribing gender affirming medications, I usually see them every three months and sometimes more often. Over the course of my clinical practice, I have consistently seen a drastic improvement in the mental health of my transgender patients after receiving gender-affirming hormones and/or puberty-delaying medications.

23. I have also unfortunately seen the devastating impact that losing access to gender-affirming medical care has on kids. In my practice, I treat some patients whose families have moved to Washington State after their states have banned gender-affirming medical care. I am grateful to be part of the community that welcomes them to Washington State, but hearing stories

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about what these families have gone through has been heartbreaking. Parents have described the significant toll uprooting their lives for their child to be able to continue receiving health care has had on their mental health and the mental health of their child. Some have expressed this has also contributed to significant financial instability for their family. Many have left their communities and support systems behind abruptly and arrive in Washington with little support.

24. If a patient were to lose access to puberty-delaying medications, they would begin to undergo permanent changes in their body that do not align with their gender identity. For a patient receiving gender-affirming hormones, some of the desired changes that they have achieved would stop, and undesired changes would begin. In my experience, even brief interruptions in gender affirming medical care can have a detrimental impact on a patient's mental health and wellbeing.

25. Issuance of the Executive Order targeting transgender youth has had a negative impact on my patients and their families. In my clinical practice, we were deluged with messages and phone calls from frantic families terrified at the prospect of losing access to this care. Numerous parents have expressed concern that a disruption in their child's gender affirming medical care will significantly worsen their mental health. Parents have also expressed concerns about the federal government trying to obtain their child's medical records in an effort to identify adolescents who have accessed this care. Some have expressed worry that the federal government will remove their children from their homes because they have received gender-affirming care. I am also terrified about the prospect of being forced to discontinue providing this care to my patients.

26. It would be utterly devastating to my patients and their parents if they were to lose access to this lifesaving, medically necessary care. Right now, many of my patients are thriving. They are outgoing, willing to try new things, and finding their sense of self. Some are leaders in their schools and communities, others are beginning to plan for their future—things that many could not have envisioned for themselves when I first met them. But, in most cases it

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has taken many months, and often years, of careful medication titration and medical monitoring to get them to that healthy, thriving place. If my patients were to suddenly have their medications ripped away, their mental health would plummet. There are going to be young people who are going to take their lives if they can no longer receive this care. Without access to this care, transgender adolescents will die. I am certain of it.

27. Just knowing that it is unstable and at risk is causing my patients and their families significant distress. Since the November 2024 presidential election, the majority of my patient visits have involved patients and their families expressing anxiety about potentially losing care. The whole family is affected by the current climate of fear and uncertainty. The panic is unmistakable and present every day for the patients and parents I meet with.

28. While I am most concerned for my patients, I am also scared for myself. Even before this Executive Order, the clinic I work at attracted protestors with violent messages. We had an individual come to our clinic threatening our staff with a weapon. I have seen signs with clinical staff members' names on them implying we are harming children. I have personally faced harassment on social media. My clinic has had to file police reports due to harassment and threats of violence. My clinic has hired a full-time security guard, installed panic buttons, conducted drills for bomb threats and active shooters, and developed processes for managing phone threats. And this harassment has drastically worsened after the Executive Order was issued. I am concerned that the wording of the Executive Order is attempting to incite violence, and I am worried it will be seen as granting permission for people to harm me, my colleagues, and my patients. I am scared. Not just for myself, but for my family. I also fear being prosecuted by the federal government. It is a terrifying time to be a doctor providing gender-affirming care.

29. This fear has already overwhelmed one colleague. On the day the Executive Order came out, one of the other clinicians in my clinic immediately stopped providing gender-affirming care. They explained that they were too scared to continue and they weren't willing to risk prosecution. We had to try and figure out how to ensure the clinician's numerous patients

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with pending appointments could still be seen. It is devasting to see highly skilled and dedicated clinicians be intimidated out of providing lawful and desperately needed medical care.

30. I am also fearful for my livelihood. In addition to being a clinician, I am a researcher. My colleagues and I who receive grant funding that supports a significant portion of our work are worried research funding we receive, will be stripped away because we provide evidence-based medical care that is lawful in the State of Washington.

31. I am aware that other medical researchers are having their federal grants halted due to the Executive Order. A saw a fellow researcher's notice from the United States Health Resources & Services Administration (HRSA) on the afternoon of Friday, January 31, 2025, which cites several Executive Orders—including the Executive Order on transgender youth by name—and advised that "[e]ffective immediately, HRSA grant funds may not be used for activities that do not align with Executive Orders" and further advised that "[y]ou may not incur any additional costs that support any programs, personnel, or activities in conflict with these E.O.s."

32. I believe the Executive Order is an attempt to scare me and other clinicians out of providing the lifechanging and lifesaving care that the State of Washington allows me to provide, and that my patients need.

33. I also believe the Executive Order directs me to violate the ethical obligations I have to my patients. As a physician, I am bound by multiple ethical principles including beneficence and non-maleficence. The Executive Order directly conflicts with these ethical principles by forcing me to provide medical care in a manner that will cause my patients harm and does not align with the current standard of care. Forcing me to stop providing care that my training, experience, and medical judgment tell me is in the best interest of my patient would force me to violate the oath I pledged to uphold.

34. Every clinic session, I am reminded of how incredibly lucky I am to be a physician who provides gender-affirming medical care. I get to help young people grow and

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thrive into self-confident adolescents who go onto college and great jobs. Seeing my patients happy and thriving is my greatest professional privilege and joy. But the Executive Order is attempting to end that care even though the State of Washington allows me to provide it. While I am scared to participate in this lawsuit, I am doing so on behalf of my patients, their families, and my fellow clinicians.

I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED this _____ day of February 2025 at _____, Washington.

_____
PHYSICIAN PLAINTIFF 1, M.D.

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I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED this 5th day of February 2025 at Seattle. Washington.

Physician Plaintiff 1, MD

PHYSICIAN PLAINTIFF 1, M.D.

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